

Knowing who their physician is boosts patient satisfaction

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Knowing who your doctor is—and a couple of facts about that person—may go a long way toward improving patient satisfaction, according to a Vanderbilt study in the *Journal of Orthopaedic Trauma*.

Faced with the knowledge that between 82 percent and 90 percent of medical <u>patients</u> are unable to correctly name their treating physician following inpatient admission, <u>orthopaedic trauma</u> surgeon Alex Jahangir, M.D., and his Vanderbilt colleagues studied the effects of giving a randomized group of patients a simple biosketch card about their doctor.

What they learned is that patient satisfaction scores for the group receiving the card were 22 percent higher than those who did not receive the card.

"I think, in general, people recover better when they are more comfortable with the care they are receiving," said Jahangir, associate professor of Orthopaedic Surgery and Rehabilitation. "So it matters to patients and physicians who want a quick recovery, and now because of provisions in the Affordable Care Act, it matters to the institution because there are millions of dollars that can be at risk if patient satisfaction is low."

A percentage of Medicare reimbursement dollars—beginning with 1 percent in FY 2013 and growing to 2 percent by 2017—is linked to patient satisfaction scores from the Hospital Consumer Assessment of



Healthcare Providers and Systems (HCAHPS) questions answered by patients, Jahangir said. Patient satisfaction determines 30 percent of performance scores for incentive payments, while clinical measures make up the other 70 percent.

"Whether we like it or not the reality of the world is that we are seeing more of an emphasis on not just outcomes, but the satisfaction of the care we deliver," Jahangir said. "So, while we should always strive for excellent outcomes and excellent care, we also can't forget that there is a human side of medicine and we need to do what we can to make sure that our patients are comfortable with the care that we are giving them. I believe it is important for us as physicians to really lead this charge of improving our patient's experience."

The Vanderbilt pilot study enrolled 212 randomized patients. One hundred received biosketch cards discreetly placed by a third party; 112 did not get cards. The patients were essentially the same in all variables, including injury type, insurance status and education.

To accurately gauge patient satisfaction, patients in the Vanderbilt study were contacted within two weeks of discharge to answer those same HCAHPS questions relating to their care.

In the end, the group who received a biosketch card had <u>patient</u> <u>satisfaction</u> scores 22 percent higher than the group who did not receive a biosketch card.

Each of the six physicians in Vanderbilt's Division of Orthopaedic Trauma participated in the study and, since that time, the nurse practitioners are now giving out cards to all patients.

"This is an easy, cheap intervention," Jahangir said. "As health care reimbursement shifts to reward quality rather than quantity, it is



important to identify ways to improve the patient experience. This intervention is literally something that doesn't even cost a nickel but improves a patient's experience, and hopefully their recovery—metrics that matter not only to the institution, but to patients and their physicians."

Provided by Vanderbilt University Medical Center

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